



Dear Parents

The students from Room 2, 4, 5, PP1 and PP2 will be going on an excursion to the Perth Zoo on Wednesday 11<sup>th</sup> December. The total cost for the excursion is \$15.00. This cost includes entrance fee and bus fare.

The children will be required to bring their morning tea and lunch in zip lock bags and a disposable drink bottle (all clearly labelled please). Please note the canteen can supply picnic packs for excursions at a reasonable cost. If you are ordering a canteen picnic recess/lunch please return your order by Monday 2<sup>nd</sup> of December to allow sufficient time for organisation by the canteen staff.

We anticipate warm weather so please apply sun-cream and ensure a water bottle is supplied to your child.

***Children will not be allowed to go to the shop, so all needs must be supplied.***

Thank you for your cooperation on this matter.

As the children will be representing our school, and for safety reasons, we expect all children to be in school uniform including a hat and with enclosed footwear.



Please complete the permission slip and health form then return both the forms and the money **to the school office** by Friday 29<sup>th</sup> of November.

Thank you.



# PARENT/GUARDIAN CONSENT FORM

Student Name:

Room No:

## Excursion Day Contact Information

📞 Home:	📞 Work:	📞 Mobile:
Other:		
<p>Where is it not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware that Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.</p> <p>I have read and understood the information regarding the Zoo Excursion on Wednesday 11<sup>th</sup> December 2019 and give my consent for my son/daughter</p> <p>_____ to attend and enclose \$15.00</p>		
<p>Signature of parent/guardian: _____ Date _____</p>		

**\* Please list below any details that have changed from those recorded on your child's medical information form.**

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# STUDENT HEALTH SUMMARY

## STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

### STUDENT DETAILS

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone no. – home: \_\_\_\_\_

– work: \_\_\_\_\_

– mobile: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_

Telephone no: \_\_\_\_\_

### Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes

No

If "yes", please give details:

### Is your child allergic to:

Penicillin


(Please give details)

Any other drug

Any food

Other

Date of last tetanus vaccination: \_\_\_\_\_

### Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of prescribed medication?

Yes

No

Does your child self-administer the medication?

Yes

No

If "yes", state name of medication, dosage and frequency of use:

Does your child have a current Health Care Authorisation Plan at school?

Yes

No

### Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.